

## HEALTH FIRST INDIANA



Lake County Health Department  
2900 West 93rd Ave., Crown Point, IN 46307 | Phone: 219-755-3655

### HEALTH FIRST INDIANA GRANT APPLICATION

Under Indiana law, the Lake County Health Department (“LCHD”) is empowered to grant money from their allocated Health First Indiana (“HFI”) funds to external organizations which agree to complete Core Public Health Services (“CPHS”) and work toward completion of the required Key Performance Indicators (“KPIs”).

Health First Indiana Website: <https://www.in.gov/healthfirstindiana/>

Public health services are most effective when provided by local health departments (LHDs) that are positioned to meet the needs of their communities. These core services outline the initiatives and activities at the heart of public health that are the critical framework of any local health department. Some are required by law, and some are offered by many health departments. Every Hoosier deserves access to these foundational public health services no matter where they live.

LHDs, with support from partners and community stakeholders, determine needs of the community, and implement accessibility strategies, including addressing social determinants of health, in all aspects of planning, operations, and core services. The Indiana Department of Health surveyed each local health department to determine how these core services are provided across Indiana. Click below to see a snapshot of each core service.

Please fill out the attached proposal in its entirety and include any necessary and appropriate documents.

- The KPI’s listed throughout this proposal application are not comprehensive. They are current guidelines and metrics that have been enumerated by the Indiana Department of Health (IDOH), however, they are in flux.
- If your program fills the purpose as enumerated in the “Purpose” chart of Section 2 below, but the deliverables from Appendix A do not match up directly with your program metrics, list them separately under the “Deliverables” section of this application.

**1. ORGANIZATION**

1.1 Name of Organization: Mental Health America of Northwest Indiana (MHANWI)

1.2 Contact Name and Title: Andrea Sherwin

1.3 Address: 5311 Hohman Ave. Hammond, IN 46320

1.4 Phone: 219-937-7733 ext. 105

1.5 Fax: 219-736-7998

1.6 Email: ashwerwin@mhanwi.org

**2. PROGRAM**

2.1 Name of Program Proposal: Infant Safe Sleep

**2.2 Program (Mission) Statement:** The mission MHANWI is to transform our community through proven programs that educate, empower, and strengthen the way individuals and families function for life. MHANWI is committed to ending *Sudden Unexpected Infant Death* and other sleep-related infant deaths through our proven *Infant Safe Sleep* program.

**2.3 Program Overview:** Infant Safe Sleep (ISS) educates parents on the dangers of unsafe sleep practices. Monthly virtual classes are led by a trained facilitator and include a pack & play incentive for families in need of a safe sleeping environment for their baby. ISS provides a wonderful entry point for parents to learn about additional maternal/child health supports for their family. The pack & play incentive brings in families who may not otherwise be connected to needed services, while providing a safe place for an infant to sleep for their first year of life. All MHANWI home visitors and outreach workers are trained to deliver ISS messaging one-on-one to support widespread safe sleep education; and we have helped train first responders to identify households lacking a safe sleep environment during emergency calls.

2.2 2.4 Program and Scope for Selected Core Service - check one or more:

X	Item	Name	Scope
	A.	Tobacco and Vaping Prevention and Cessation	Preventing and eliminating risk of disease due to tobacco use and vaping.
X	B.	Trauma and Injury Prevention	Preventing harm due to injury and substance use and facilitating access to trauma care.
	C.	Chronic Disease Prevention	Preventing and reducing chronic diseases such as obesity, diabetes, cardiovascular disease, and cancer.
X	D.	Maternal and Child Health	Services focused on the health and well-being of mothers, children, and families, including prenatal care.
X	E.	Fatality Review	Analysis of data and potential causes of child deaths, fetal and infant mortality, and suicide/overdose fatality.
	F.	Lead Case Management and Risk Assessment	Ensuring all children have access to blood lead level testing and appropriate clinical and environmental services if necessary.
	G.	School Health Liaison	Assisting schools with resources to promote whole student health.
	H.	Access and Linkage to Clinical Care	Facilitating access to essential healthcare services for all members of the community.
	I.	Infectious Disease Prevention and Control	Monitoring and managing the spread of diseases within a community.
	J.	TB Prevention and Case Management	Preventing the spread of tuberculosis and ensuring appropriate access to care and resources for those who have TB.
	K.	Immunizations	Providing vaccinations to children and adults to prevent the spread of infectious diseases.
	L.	Health-Related Areas during Emergencies or Disasters	Planning and coordination for responding to public health emergencies and disasters.
	M.	Vital Records	Providing accurate documentation of births, deaths, stillbirths, fetal deaths, adoptions, and biological parentage.
	N.	Food Protection	Ensuring safety of food at the grower, wholesale, and retail levels.
	O.	Environmental Health	Ensuring the safety of the physical environment to protect public health.

Lake County Health Department

2.5 Project Work Plan – See attachment, which includes an outline of how the program is created/adopted, implemented, and executed, and any relevant timelines.

2.6 Deliverables – See attachment.

2.7 Reporting Format – attach a separate document, see Appendix A and sample below.

2.8 Reporting Frequency: If no required format and frequency is prescribed by LCDH, MHANWI will provide quarterly updates on deliverables as described in Section 2.6 as well as successes and challenges of the project in conjunction with required KPI reports to our CEO and Board of Directors, which occurs in April, July, October and January for each preceding quarter.

**3. FINANCIALS**

3.1 Total Amount Requested: \_\_\_\_\_ \$65,000 \_\_\_\_\_

3.2 Breakdown of Amount Requested – See attachment.

3.3 Proposed Schedule of Payments – See attachment.

**APPENDIX A**

**(Edited by MHANWI Removing Core Service Categories Not Applicable to Our Program Scope)**



**B. Trauma and Injury Prevention**

In Indiana, preventable injuries account for the leading cause of death in individuals aged 1-44 years (CDC WISQARS), notably poisonings and motor vehicle crashes. Identifying a leading cause of injury allows effective planning and prevention of those injuries and potential deaths.

KPI: Number of counties that identified a leading cause of injury and/or harm in their community and implemented a comprehensive, evidence-based program or activity for prevention.

**KPI**

Number of counties that identified a leading cause of injury and/or harm in their community and implemented a comprehensive, evidence-based program or activity for prevention.

LCHD is committed to identifying the leading cause of injury or harm in our community, and, subsequently implementing a comprehensive, evidence-based program(s) for the leading cause of trauma-related injury or death in Lake County, Indiana.

**DELIVERABLES AND REPORTING: SAMPLE**

Item	Name	Scope
B.	Trauma and Injury Prevention	Preventing harm due to injury and substance use and facilitating access to trauma care.
	Deliverable	Metric: Training
	[Deliverable]	Value
		Number of people receiving Stop the Bleed training.
		[Number of people]

**TRAUMA AND INJURY PREVENTION METRICS**

**Metric: Training**

- Number of people receiving Stop the Bleed training.
- Number of people receiving CPR training.
- Number of people educated and/or trained on vehicle passenger safety and seat belt use.
- Number of people educated or trained on RTV/ATV and golf cart passenger safety.
- Training & Education Number of people educated or trained on water safety (including swim lessons).
- Number of people educated about texting and safe driving (including impaired driving).
- Number of people educated about brain injury risks and safety practices.
- Number of people educated in fall prevention and home remedied for fall risks.
- Number of people educated and/or trained on substance use prevention.
- Number of people educated and/or trained on mental health and suicide prevention.
- Number of seniors participating in activities related to fall prevention.
- Number of certified peer recovery coaches in county with support of LHD.

\*Other – please add your own metric \*only if it aligns with the scope and KPI of the Core Service.

**TRAUMA AND INJURY PREVENTION METRICS– CONTINUED**

**Metric: Equipment**

- Number of naloxone doses distributed
- Number of nalox-boxes in community
- Number of public-used sharps returns
- Number of child car seats distributed
- Number of bicycle helmets distributed

**Metric: Equipment – Continued**

- Number of firearm locks provided to families
- X Number of people provided with infant safe sleep education, including families and professionals
- X Number of infant sleep sacks provided to families
- X Number of portable cribs provided to families
- X \*Other – please add your own metric \*only if it aligns with the scope and KPI of the Core Service.

**Metric: Referrals**

- Number of people referred/linked to substance use/mental health treatment
- Number of women and children referred for active domestic violence assistance
- Number of women and children provided safe, anonymous transport to shelter for victims of domestic violence and interim care/assistance provided
- Number of women and children referred for assistance with physical and mental health recovery from domestic violence
- \*Other – please add your own metric \*only if it aligns with the scope and KPI of the Core Service.



**Maternal and Child Health**

Indiana ranks 41st in infant mortality, which is the death of an infant before the first birthday: in 2021, Indiana’s infant mortality rate was 6.7 deaths per 1,000 live births, compared to the national rate of 5.4 deaths. Understanding causes of infant mortality helps drive education and action to prevent these deaths.

**KPI**

Number of counties with documented processes to refer families to needed services including contraceptive care, WIC, home visiting, prenatal care, substance use disorder treatment, and insurance navigation.

**KPI**

Number of counties at identified an opportunity to improve birth outcomes and implemented an evidence-based or promising program or activity to improve that birth outcome.

LCHD is seeking to implement an evidence-based or promising program or activity to improve birth outcomes in our communities.

LCHD is seeking to have a documented process to refer families to needed services including contraceptive care, WIC, home visiting, prenatal care, substance use disorder treatment, and insurance navigation.

**DELIVERABLES AND REPORTING: SAMPLE**

Item	Name	Scope
D.	Maternal and Child Health	Services focused on the health and well-being of mothers, children, and families, including prenatal care.
	Deliverable	Metric: Prenatal Services (up to time of delivery)
	[Deliverable]	Value
		Number of pregnancy tests provided
		[Number of people]

**MATERNAL AND CHILD HEALTH METRICS**

**Metric: Prenatal Services (up to time of delivery)**

- Number of pregnancy tests provided
- Number of women referred to prenatal care
- Number of women provided prenatal services
- Number of women provided vitamins
- Number of women provided syphilis testing
- Number of women provided HIV testing
- Number of women provided hepatitis C testing
- Number of women provided chlamydia testing
- Number of women provided gonorrhea testing
- Number of women provided nutrition education
- Number of women provided nutrition support

- Number of women provided mental health/substance use disorder services

**MATERNAL AND CHILD HEALTH METRICS – CONTINUED**

**Metric: Prenatal Services (up to time of delivery) - continued**

- Number of women provided clinical care (from a healthcare provider, such as physician, nurse practitioner, clinic, midwife)
- Number of women provided immunizations, such as RSV, Tdap, flu
- Number of women provided other prenatal services
- Number of women referred to My Healthy Baby
- Number of women provided mental health/substance use disorder services
- Number of women referred to health/substance use disorder services
- Number of pregnancy tests provided
- \*Other – please add your own metric \*only if it aligns with the scope and KPI of the Core Service.

**Metric: Postpartum Services (following delivery)**

- Number of women referred to postpartum care
- Number of women provided postpartum services
- Number of women provided clinical care (state what services)
- Number of women provided mental health/substance use disorder services
- Number of women referred to health/substance use disorder services
- Number of women provided breastfeeding education or support
- Number of women referred to breastfeeding education or support
- Number of families referred to pediatric care
- Number of people provided with parenting classes/education
- Number of families referred to childcare assistance (such as Child Care and Development Fund “CCDF” program)
- \*Other – please add your own metric \*only if it aligns with the scope and KPI of the Core Service.

**Metric: Health and Safety Services**

- Number of people receiving child car safety seats
- Number of child car safety seats provided
- Number of car safety seat inspections provided
- X Number of people provided safe sleep education
- X Number of people receiving sleep sacks
- Number of cribs provided by LHD or partner
- Number of handle-with-care alerts issued
- Number of women and children referred for active domestic violence assistance
- Number of women and children provided safe, anonymous transport to shelter for victims of domestic violence and interim care/assistance provided
- Number of women and children referred for assistance with physical and mental health recovery from domestic violence
- Number of menstrual period products distributed
- X \*Other – please add your own metric \*only if it aligns with the scope and KPI of the Core Service.

**Metric: Community Assistance**

- 3 Number of people referred to substance use disorder treatment/support
- 4 Number of people referred to/provided care through Mobile Integrated Health
- 5 Number of referrals to housing supports or resources
- 6 Number of families provided with utility/rent assistance



- 7 Number of families screened or referred to developmental services, such as First Steps
- 8 Number of people receiving life skills courses
- 9 Number of families receiving home visiting services, such as a home visiting program
- 10 Number of families referred to home visiting services, such as a home visiting program
- 11 Number of youth and parent cafés hosted

**MATERNAL AND CHILD HEALTH METRICS – CONTINUED**

**Metric: Community Assistance - continued**

- 12 Number of families referred to an insurance navigator or Medicaid
- 13 \*Other – please add your own metric \*only if it aligns with the scope and KPI of the Core Service.

**Metric: Contraception/STIs**

- Number of people provided contraceptive education
- Number of women tested for STIs/HIV
- Number of women referred for STIs/HIV treatment
- Number of women treated for STIs/HIV
- \*Other – please add your own metric \*only if it aligns with the scope and KPI of the Core Service.

**Metric: Food and Nutrition**

- Number of women referred to WIC
- Number of families referred or connected to local food pantries
- \*Other – please add your own metric \*only if it aligns with the scope and KPI of the Core Service.



**Fatality Review**

Indiana ranks 41st in infant mortality, which is the death of an infant before the first birthday: in 2021, Indiana’s infant mortality rate was 6.7 deaths per 1,000 live births, compared to the national rate of 5.4 deaths. Understanding causes of infant mortality helps drive education and action to prevent these deaths.

**KPI**

Number of counties with documented processes to refer families to needed services including contraceptive care, WIC, home visiting, prenatal care, substance use disorder treatment, and insurance navigation.

**KPI**

Number of counties at identified an opportunity to improve birth outcomes and implemented an evidence-based or promising program or activity to improve that birth outcome.

LCHD is seeking to implement an evidence-based or promising program or activity to improve birth outcomes in our community.

LCHD is seeking to have a documented process to refer families to needed services including contraceptive care, WIC, home visiting, prenatal care, substance use disorder treatment, and insurance navigation.

**DELIVERABLES AND REPORTING: SAMPLE**

Item	Name	Scope
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E.	Fatality Review	Analysis of data and potential causes of child deaths, fetal and infant mortality, and suicide/overdose fatality.	
Deliverable		Metric: Equipment/Resources	Value
[Deliverable]		Number of people provided with infant safe sleep education, including families and professionals	[Number of people]

**FATALITY REVIEW METRICS**

**Metric: Equipment/Resources**

Number of people provided with infant safe sleep education, including families and professionals

Number of infant sleep sacks provided to families

Number of portable cribs provided to families

Number of firearm locks provided to families

Metric: Education

Number of people trained in evidence-based suicide prevention training (QPR, ASIST, MHFA, etc.)

Number of people educated about 988 and crisis resources

Metric: Referrals/Screenings

Number of Handle with Care (HWC) referrals (if HWC present in county)

Number of individuals connected to grief and bereavement resources

Number of childbearing-aged women screened for domestic violence risk

Number of childbearing-aged women screened for social determinants of health

Metric: Referrals/Screenings

**FATALITY REVIEW METRICS - CONTINUED**

**Metric: Equipment/Resources - continued**

Number of schools in county with evidence-based anti-bullying programs and groups that support student mental health (e.g., Bring Change to Mind)

Number of certified peer recovery coaches in county with support of LHD

\*Other – please add your own metric \*only if it aligns with the scope and KPI of the Core Service.

**TB PREVENTION AND CASE MANAGEMENT - METRICS**

Number of people provided TB testing (IGRA or TST)

Number of people provided treatment for latent TB infection (LTBI)

Number of people provided treatment for TB disease

Number of Directly Observed Therapy (DOT) services provided

Number of people supported with food/housing assistance

Number of people educated on TB

Number of B1 immigration reviews

Number of referrals to wraparound services

\*Other – please add your own metric \*only if it aligns with the scope and KPI of the Core Service.

**2.5 Project Work Plan** – Includes an outline of how the program is created/adopted, implemented, and executed, and any relevant timelines.

Mental Health America of Northwest Indiana (MHANWI) is a non-profit organization dedicated to overall wellness through personal and family support while remaining committed to our core principle of advocating on behalf of those experiencing emotional challenges. We lead from a foundation built on **prevention and empowerment** of vulnerable adults and children through education, referral, and advocacy. As an affiliate of the national Mental Health America organization, we adopt the philosophy of **#B4Stage4**, which stresses the importance of preventing/addressing mental health issues and adverse experiences early in life. *Our goal is to act before or at the first sign of distress.* This philosophy informs our programming and supports mothers and fathers with evidence-based home visitation, standardized development and health screenings, psychosocial support and education groups, and resource connections.

Our mission is to transform our community through proven programs that educate, empower, and strengthen the way families and individuals function for life. We currently have 13 programs that serve the Northwest Indiana community (Lake and Porter County). Over 90% of these programs are offered at **no cost** to those who receive our services. We proudly serve some of the **most vulnerable homes and populations** in Northwest Indiana and are grateful to be able to do so through generous funding that ensures critical help for those most in need.

Each of our programs falls into one *or more* of five main categories of support: *Home Visitation, Infant and Maternal Health, School Programming, Adult Mental Health Support, and Workplace Mental Health.* With a strong foundation in **prevention and early intervention**, MHANWI programs stress the importance of preventing or addressing mental health issues *early in life* for the best possible outcomes (**#B4Stage4**). Much like a physical health condition, we don't want to wait until Stage 4, when there is much less we can do to heal the illness. *It is our goal to take action before or at the first sign of distress.* This philosophy informs our programs that support children and families through evidence-based **home visitation**, such as Healthy Families, Parents as Teachers, and Empowering Teens as

Parents; as well as through **support groups** such as Mothers & Babies. These programs seek to identify and help mitigate risk factors associated with **Adverse Childhood Experiences (ACEs)**. These are potentially traumatic events that occur in childhood, including violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to **chronic health problems, mental illness, and substance misuse** in adulthood. MHANWI's commitment to children and families has resulted in making us the **largest home visiting parent education agency in Northwest Indiana.**

Because the work we do so closely connects us with pregnant and parenting families, we feel strongly about our responsibility to support the State's efforts to **reduce infant mortality**. Our role is to educate families on maternal/infant health and to provide support through programs that mitigate risks associated with abuse and infant death. We have partnered at both the state and local level to help reduce Indiana's **Infant Mortality Rate (IMR)**. These efforts include our home visitation and support group programs noted above, as well as Healthy Beginnings - an array of services and touchpoints aimed at improving birth and health outcomes for mothers and their infants. **Healthy Beginnings includes our specialty programs *Infant Safe Sleep and Smoke Free Moms.***

The need for improved access to intervention and support services to address **maternal and child health and trauma and injury prevention and education** has been identified through careful data review and strongly informed by our considerable work in this space locally. Indiana Department of Health data indicates Lake County has higher infant mortality rates than the State of Indiana as a whole, which has some of the highest infant mortality rates in the country, ranking 41st out of 50 states, according to the CDC. Further analysis uncovers significant disparities throughout our community; the Lake County IMR is almost 3 times higher for non-hispanic, black women than their white counterparts. The disparities increase even further when you look at some of the highest risk zip codes like 46410 (Merrillville), where BIPOC infant mortality rates approach 14 infants per 1,000, compared with 4.6 for non-hispanic white women.

One of our most significant contributions to the **reduction of infant mortality** is through safe sleep education in our community. MHANWI is committed to ending *Sudden Unexpected Infant Death* and other sleep-related infant deaths through our proven *Infant Safe Sleep* program. Infant Safe Sleep (ISS) educates parents on the dangers of unsafe sleep practices. Monthly virtual classes are led by a trained facilitator and include a pack & play incentive for families in need of a safe sleeping environment for their baby. ISS provides a wonderful entry point for parents to learn about support for their family. The pack & play incentive brings in families who may not otherwise be connected to needed services, while providing a safe place for an infant to sleep for their first year of life. All MHANWI home visitors and outreach workers are trained to deliver ISS messaging one-on-one to support widespread safe sleep education; and we have helped train first responders to identify households lacking a safe sleep environment during emergency calls.

MHANWI has a proven track record of engaging families who are at risk for infant mortality and negative birth/childhood outcomes-in our local community and throughout the state as a whole, which include residents who identify as Black, Indigenous, Persons of Color (BIPOC) and/or LatinX, residents earning low to moderate income levels, and multi-language learners. With more than 23,000 children under the age of three, Lake is the state's second most populous county. BIPOC residents comprise over half of Lake County's population. Black children represent 27.6% of the population, Multi-racial or other race represents 18%, while almost 26% of children are Hispanic. This makes Lake County one of the most diverse counties in the state.

Further exploration of MHANWI's service population indicates 84% of participating families are members of **communities of color** (Black: 45%, Hispanic: 32%, Other/Multi-racial: 7%, White, 23%), which is significantly higher than the population of the county as a whole. MHANWI also prioritizes outreach to **multi-language learners**, with 23% of enrolled families identifying as Spanish-speaking across our menu of proposed programming and services.

2023 Year End Lake County-Wide Data

- 474 parents/caregivers educated on safe sleep practices
- 419 pack-n-plays distributed
- 77% of participants identify as members of the BIPOC community
- 95% of participants are low to moderate income earners

**Funding Support Needed**

At this time, MHANWI has an immediate, critical need for funding to support the purchase of pack-n-plays to support continued ISS programming and child safety. While we have written pack-n-play supplies into several outstanding grants and proposals, we have no current funding dedicated to this critical safety item and feel this support may be an excellent way to pair the goals and objectives of the Lake County Health Department with our work in the community to support maternal-child health and reduce IMR in total for NWI. As outlined above, last year alone, we distributed over 400 pack-n-plays to families in need and provided safe sleep education to 474 parents/caregivers. Given our current funding challenge for this program, we are actively seeking partnerships and funding support to ensure all NWI children reach their first birthday and beyond.

In addition to our traditional didactic approach to safe sleep education, MHANWI is proposing a hands-on experiential learning component to reach parents in vulnerable communities. With Health First funding, MHA will identify and train staff as **Safe Sleep Ambassadors** - utilizing current experienced Family Resource Specialists already engaged in the outreach efforts in the field with dedicated hours to deliver Infant Safe Sleep Education. Using IDOH's videos and materials, Safe Sleep Ambassadors will go into the community and setup "Clear the Crib " challenge environments where participants compete in a fun game to make a crib a safe sleep environment, by removing/adding items. Candidate selection will prioritize representation from the BIPOC community and spanish bi-lingual facilitators.

**Timeline:** Infant Safe Sleep Education is an ongoing program at MHANWI, which will allow

us to expand quickly and efficiently, if funded.

#### Month 1

- Convene Safe Sleep Planning Meeting for Directors/Managers
- Identify new safe sleep ambassadors
- Develop marketing materials
- Purchase pack-n-plays/sleep sacks
- Order Incentives/Supplies
- Host virtual safe sleep classes
- Provide safe sleep education 1:1, through home visitation
- Collect data required evaluation/reporting
- Participate in local CDRT/FIMR reviews and share efforts with partners

#### Month 2

- Train Safe Sleep Ambassadors in IDOH safe sleep practices
- Develop monthly calendar of events
- Begin community outreach in targeted zip codes
- Host virtual safe sleep classes
- Provide safe sleep education 1:1, through home visitation
- Collect data required for evaluation/reporting
- Participate in local CDRT/FIMR reviews and share efforts with partners

#### Month 3

- Complete Clear the Crib Challenge events
- Host virtual safe sleep classes
- Provide safe sleep education 1:1, through home visitation
- Offer Infant Safe Sleep professional development for providers
- Offer refresher training for existing home visitors
- Collect data required for evaluation/reporting.
- Begin quarterly analysis and reporting
- Participate in local CDRT/FIMR reviews and share efforts with partners

Quarter 2

- Complete 1st quarter analysis and reporting
- Share results with internal and external stakeholders
- Host virtual safe sleep classes
- Provide safe sleep education 1:1, through home visitation
- Complete Clear the Crib Challenge Events
- Manage inventory/supplies
- Collect data required for evaluation/reporting
- Train new staff, as needed in safe sleep education
- Participate in local CDRT/FIMR reviews and share efforts with partners

Quarter 3

- Complete 2nd quarter analysis and reporting
- Initiate CQI based on Q1 & Q2 KPI's
- Share results with internal and external stakeholders
- Host virtual safe sleep classes
- Provide safe sleep education 1:1, through home visitation
- Complete Clear the Crib Challenge Events
- Manage inventory/supplies
- Collect data required for evaluation/reporting
- Train new staff, as needed in safe sleep education
- Participate in local CDRT/FIMR reviews and share efforts with partners

Quarter 4

- Complete 3rd quarter analysis and reporting
- Implement CQI project
- Share results with internal and external stakeholders
- Host virtual safe sleep classes
- Provide safe sleep education 1:1, through home visitation
- Complete Clear the Crib Challenge Events
- Manage inventory/supplies



- Collect data required for evaluation/reporting
- Train new staff, as needed in safe sleep education
- Participate in local CDRT/FIMR reviews and share efforts with partners

**Infant Safe Sleep Team Credentials:**

**Wendy Hensley MPA, IMH-E (IV)**, Senior Director of Programs & Partnerships, provides management oversight for this program. Wendy holds a Masters of Public Affairs and a Bachelor of Arts in Sociology from Indiana University Northwest and has over twenty years of experience administering child abuse prevention programs. Wendy is also endorsed as an Infant Mental Health Mentor, awarded by the Infant Mental Health Alliance. She is a National Trainer for Healthy Families America and is dedicated to strengthening and expanding parent education and family wellness services throughout the region. She has been active on numerous task forces, committees, and boards, including Prevent Child Abuse Lake County, Lake County Community Action Team, and the statewide Child Abuse Prevention Framework Advisory Team. Wendy is a member of the MHANWI Management Team, reporting directly to VP of Operations, Kim Smith.

**Vickie Rainwater, BA, IMH-E® (II), Program Specialist** has 23 years of experience working with diverse populations. She manages our *Infant Safe Sleep*, *Smoke Free Moms*, and *I'm Thumbody Special* programs. Vickie is a trained *Tobacco Treatment Specialist* through the University of Massachusetts; a Certified Parent Educator / Supervisor; and is endorsed in Infant Mental Health and Adult Mental Health First Aid. She is a member of the Indiana Early Learning Advisory Council, Indiana Perinatal Quality Improvement Collaborative, Indiana Healthy Opportunities for People Everywhere (IHOPE) - Education Matters Committee, Lake County Community Tobacco Prevention & Cessation Coalition, Rethink Tobacco Indiana, and Community Advocates of Northern Indiana.

**Safe Sleep Ambassadors** - new position utilizing current experienced and degreed Family Support Specialists already engaged in the outreach efforts in the field with dedicated hours to be trained to deliver Infant Safe Sleep Education using IDOH's videos and materials, to engage first responders, other service providers, and families in discussion and program content, and support safe setup in families' homes. Candidate selection will prioritize representation from the BIPOC community and spanish bi-lingual facilitators.

3.2 Breakdown of Amount Requested - Infant Safe Sleep Program

**MATERNAL AND CHILD HEALTH: SUIDS - INFANT SAFE SLEEP EDUCATION:**

MHANWI - Health First Indiana Funding Request to Lake County Health Department	Proposed
Infant Safe Sleep Program Expenses:	Amount:
Personnel Salaries (includes emp. taxes -10.20%)	\$ 33,298
Fringe (health, vision, dental, STD, LTD, 3% Retirement)	\$ 5,459
Supplies (Portable Cribs & Swaddlers)	\$ 22,500
Travel (Mileage Reimbursement)	\$ 720
Marketing/Outreach	\$ 3,023
<b>Subtotal</b>	<b>\$ 65,000</b>

**Budget Narrative - Infant Safe Sleep Education Programming:**

**Personnel Salaries (includes Employee Tax): (\$33,298):** Supports 0.625 FTE including 16 hours a week to expand our Infant Safe Sleep Education team by training two to three existing Family Support Specialists as new "Safe Sleep Ambassadors," with 4-5 hours per week dedicated to Infant Safe Sleep education as well as modest performance incentive bonuses for training and goal achievement. This initiative would include at least one bi-lingual staff member for targeting awareness and education events to the highest risk zip codes in the county (per Child Fatality Review statistics provided by IDOH). Also includes 8 hours per week for our Infant Safe Sleep Coordinator to provide oversight, training, data tracking and reporting, partnership liaison work, and direct education at community events, and 1 hour per week for Senior Director oversight.

**Fringe: (\$5,459)** Cost of health, dental, vision, life, Short & Long term disability and retirement match benefits of program team, based on current premium as percentage of gross wage.

**Supplies: (\$22,500)** Purchase of 300 portable cribs (aka pack-n-plays) at \$70 x 25 per month x 12 months = \$21,000 to be distributed at ISS education public classes, baby showers, and individual DOSE education visits for families completing ISS education that indicate a lack of a crib or safe sleep environment. Also includes

purchase of 300 Swaddlers x \$5.00 to be provided at ISS follow-up visits scheduled within 2-3 months post education. **NOTE:** MHANWI distributes an average of 50 portable cribs monthly, with an estimated 25 cribs per month to be provided directly by IDOH as a crib depot partner (2024 IDOH supply distribution currently on hold pending vendor approval, which is significantly impacting our ability to meet community demand/need).

**Travel: (\$720)** Mileage Reimbursement for staff travel to public ISS classes, partner baby showers, and community events calculated at 1,500 miles x 0.48/mile

**Marketing/Outreach: (\$3,023)**: Purchase of promotional items, brochures, rack cards, business cards, vendor table "Clear the Crib" supplies and other ISS messaging signage, website messaging updates.

### 3.3 Proposed Schedule of Payments:

MHANWI would work with whatever the preferred schedule of payments is most convenient for Lake County Department of Health. MHANWI has worked with upfront funded grants that require periodic spenddown reporting as well as reimbursement grants that require back-up of expenditures and invoices for costs already incurred against a contract total amount. Per board policy, MHANWI holds a small operating surplus of general funds in order to cover operational costs in the occurrence of delay of payment from a funding source to ensure program sustainability.

Ideally, quarterly or bi-annual upfront payments with spenddown tracking would be ideal in order to more efficiently manage cash flow and implementation of planned activities without the potential cash flow delay of a reimbursement payout arrangement. Our internal controls for fiscal management of this grant will include monthly spenddown tracking regardless of the payment arrangement to ensure good fiscal stewardship. We will work within whatever guidelines and systems prescribed by the Lake County Department of Health for this funding.

**2.6 DELIVERABLES AND 2.7 REPORTING:**

MHANWI’s Infant Safe Sleep program addresses metrics in three Core Public Health Service Categories:



**Trauma & Injury Prevention**



**Maternal and Child Health**



**Fatality Review**

Item	Name	Scope
B.	Trauma and Injury Prevention	Preventing harm due to injury and substance use and facilitating access to trauma care.
E.	Maternal and Child Health	Services focused on the health and well-being of mothers, children, and families, including prenatal care.
F.	Fatality Review	Analysis of data and potential causes of child deaths, fetal and infant mortality, and suicide/overdose fatality.
Deliverable	Metric: Training	Value
Infant Safe Sleep Education Classes	Number of parents/caregivers receiving Infant Safe Sleep education..	430
Safe Sleep professional development provided	Number of organizations/professionals receiving Infant Safe Sleep education.	8/TBD
Safe Sleep Environment	Number of pack n’ plays provided.	400
	Number of safe sleep sacks provided.	100
Reduction in disparities	Percentage of participants that identify Pas BIPOC.	50%
	Percentage of participants that are low-moderate income.	85%
Participants implement safe sleep practices	Percentage of participants indicating they intend to use safe sleep practices they learned in training.	85%

**Review of Metrics lifted from Appendix A in Application Document:**

**Selected Deliverables and related Metrics Address TRAUMA AND INJURY PREVENTION**

**MATERNAL CHILD HEALTH METRICS:**

- X Number of people provided with infant safe sleep education, including families and professionals
- X Number of infant sleep sacks provided to families
- X Number of portable cribs provided to families
- X \*Other – please add your own metric \*only if it aligns with the scope and KPI of the Core Service.

**2.7 REPORTING FORMAT:**

Evaluation has been integral to the success of MHANWI programming since its inception. MHANWI uses its considerable programmatic expertise with families and their children (0-3), as well as support from national, evidence-model organizations, to achieve measurable results. Parent and Child Evaluation protocols and outcomes matrix are already in place through our current evidence-based models and can provide a baseline for gauging the impact of the proposed interventions on child safety.

Data for this project will be collected at service intervention for each participant and will include gathering of demographic information including residence, race and ethnicity, and income status. Participants receiving safe sleep education will also complete a feedback survey to capture overall satisfaction as well as reported intention of participants to implement learned strategies.. Data is collected, correlated and presented by the Infant Safe Sleep Coordinator to the Program Director and VP of Operations for KPI impact tracking and performance outcomes analysis. Information is utilized to inform reporting to funders as well as program CQI (Continuous Quality Improvement) planning. Reporting on deliverables outlined in the table provided above in Section 2.6 will be provided to the Lake County Department Health First Indiana as per funder directive. If no required format and frequency is prescribed by LCHD, then MHANWI will provide quarterly updates on deliverables, successes and challenges of the project in conjunction with required KPI reports to our CEO and Board of Directors, which occurs in April, July, October and January for each preceding quarter.